



2014 Retiree Update

FALL / WINTER 2014

Retiree Plan Open Enrollment December 1 - December 21

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OPEN ENROLLMENT is the time of the year for you to review your health care needs and consider whether you are subscribing to the right health care coverage for yourself and family (if applicable). During the annual open enrollment, retirees in the **Pre-65 group** can switch between the Cigna Point-of-Service (POS) and Open Access Plus (OAP) plans. While each retiree's situation is different, consider consulting with the Benefits Team or the County's on-site CIGNA Health Care Advocate to see if a plan option change might be appropriate.

Medicare eligible retirees (including post-65, disability retirees & their eligible dependents) will continue to access care through the CIGNA Medicare Surround Plan and CIGNA RX.

PASSIVE ENROLLMENT: This year's health plan open enrollment will be a passive enrollment which means no action is required if you do not want to make any changes to your current health plan elections.

If you have further questions about the retiree health plan or CIGNA benefits and how a claim was paid contact the Benefits Help Line at 703-777-0517 or benefits@loudoun.gov to make an in-person or phone conference call appointment to discuss your concerns with our onsite CIGNA Care Advocate.



What's New for Plan Year 2015?

On October 1st, the Board of Supervisors voted to adopt changes in the County's health plans for Plan Year 2015. The highlights of the adopted changes include:

Pre-65 Retirees

- ⇒ Increasing premiums on average by 7.5%. Premiums for dental/vision decreased slightly.
- ⇒ Increasing slightly the co-pays for physician visits and prescription drugs.
- ⇒ Increasing Emergency Room co-pays and out-of-network deductibles to further encourage the use of cost-saving in-network providers and medical settings.
- ⇒ Equalizing hospital inpatient & outpatient surgical facility co-pays and Urgent Care co-pays for the POS and OAP plans.

Medicare Eligible Retirees (including post-65 & disability)

- ⇒ Increasing premiums 5%. Dental premiums decreased slightly.

How much will my coverage cost in 2015?

1. Are you Medicare eligible or not (pre-65)?
2. Find your years of service on the premium chart (page 3).
3. Select the number of individuals you will be covering.
4. For pre & post families, add premiums together.

Health Plan Financial Update: 2015



The Loudoun County Government Health plan is a self-insured plan. Employee, retiree, and employer premium contributions are used to pay the actual health care expenses for doctor's visits, surgical procedures and prescription drugs along with administrative costs.

Based on current enrollment, the cost for Plan Year 2015 (January 1, 2015 - December 31, 2015) is esti-

mated to be **\$48,170,150.**

The initial projection for premium increases was 14.2%. However, due to the plan design changes adopted by the Board of Supervisors and the use of \$1.0 million in surplus funding from the self-insurance fund will help to offset the projected increase, the County was able to avoid an increase of 14.2%. Instead, employee premiums will increase an average of 7.7%.

RETIREES: Pre-65 retirees will see an average 7.5% increase based upon claims experience and Medicare eligible retirees a 5.0% increase in premiums.

As health care costs continue to rise globally, the County will continue its focus and commitment to implement innovative programs in order provide the best plans and value.

Retiree Billing Services

Flexible Benefits Administrators, Inc. (FBA) is the County's administrator for retiree billing services. All health plan premium payments and billing correspondence should be directed to:

FBA/ Retiree Division
P.O. Drawer 2070
Virginia Beach, VA 23450

If you have any questions or concerns about your individual account, or the ser-

vices that Flexible Benefits Administrators provides for you and Loudoun County Government, please contact their **Retiree Customer Service Division at 800-437-3539**, Monday through Friday, 8:30 a.m. to 5:00 p.m.



You Have Four Payment Options

Premium Payment Coupons

- If you elect this form of payment, you will receive coupons to include with your monthly check or money order payment and mail directly to FBA. **There is no additional cost to you for this option.**

ACH - Your premium can be automatically deducted

from your checking account.

If you elect this form of payment, the deduction will occur on the 4th day of each month. **There is no additional cost to you for this option.**

Online Payment - You may pay your premium online at www.flex-admin.com. **There is a \$30.00 service fee per**

transaction for this option.

Monthly Invoices - If you choose this option you will be mailed a monthly invoice around the 15th of each month for the premium due the following month. **There is a monthly fee of \$1.75 for this option.**

PRE-65 RETIREE GROUP HEALTH PLAN RATES

January 1, 2015 – December 31, 2015

	Point-of Service (POS)			5% Annual Cap	Open Access Plus (OAP)		
	Retiree (monthly)	County (monthly)	Total (monthly)		Retiree (monthly)	County (monthly)	Total (monthly)
Retirees with 25+ yrs							
Individual	\$ 153.07	\$ 819.52	\$ 972.59	\$ 39.76	\$ 80.03	\$ 720.29	\$ 800.32
2 Individuals	\$ 355.28	\$ 1,421.13	\$ 1,776.41	\$ 68.29	\$ 219.03	\$ 1,241.18	\$ 1,460.21
3+ Individuals (Family)	\$ 610.63	\$ 1,831.89	\$ 2,442.52	\$ 87.71	\$ 500.20	\$ 1,500.61	\$ 2,000.81
Retirees with 20 – 24 yrs							
Individual	\$ 357.95	\$ 614.64	\$ 972.59	\$ 29.82	\$ 224.09	\$ 576.23	\$ 800.32
2 Individuals	\$ 781.62	\$ 994.79	\$ 1,776.41	\$ 47.80	\$ 529.33	\$ 930.88	\$ 1,460.21
3+ Individuals (Family)	\$ 1,160.20	\$ 1,282.32	\$ 2,442.52	\$ 61.39	\$ 875.35	\$ 1,125.46	\$ 2,000.81
Retirees with 15 – 19 yrs							
Individual	\$ 644.79	\$ 327.14	\$ 972.59	\$ 15.90	\$ 476.19	\$ 324.13	\$ 800.32
2 Individuals	\$ 1,207.96	\$ 568.45	\$ 1,776.41	\$ 27.32	\$ 901.68	\$ 558.53	\$ 1,460.21
3+ Individuals (Family)	\$ 1,709.76	\$ 732.76	\$ 2,442.52	\$ 35.08	\$ 1,325.54	\$ 675.27	\$ 2,000.81
Retirees with 10 – 14 yrs							
Individual	\$ 808.69	\$ 163.90	\$ 972.59	\$ 7.95	\$ 620.25	\$ 180.07	\$ 800.32
2 Individuals	\$ 1,492.18	\$ 284.23	\$ 1,776.41	\$ 13.66	\$ 1,149.52	\$ 310.69	\$ 1,460.21
3+ Individuals (Family)	\$ 2,076.14	\$ 366.38	\$ 2,442.52	\$ 17.54	\$ 1,625.66	\$ 375.15	\$ 2,000.81

Pre-65 RETIREE DENTAL & VISION PLAN RATES

January 1, 2015 – December 31, 2015

	Retiree (monthly)	County (monthly)	5% Annual Cap (from 2013)	Total (monthly)
Retirees with 25+ yrs				
Individual	\$ 7.04	\$ 39.91	\$ 2.61	\$ 46.95
2 Individuals	\$ 17.39	\$ 69.57	\$ 4.50	\$ 86.96
3+ Individuals (Family)	\$ 29.36	\$ 88.08	\$ 5.99	\$ 117.44
Retirees: 20 – 24 yrs				
Individual	\$ 17.02	\$ 29.93	\$ 2.09	\$ 46.95
2 Individuals	\$ 38.26	\$ 48.70	\$ 3.37	\$ 86.96
3+ Individuals (Family)	\$ 55.78	\$ 61.66	\$ 4.49	\$ 117.44
Retirees with 15 – 19 yrs				
Individual	\$ 30.99	\$ 15.96	\$ 1.17	\$ 46.95
2 Individuals	\$ 59.13	\$ 27.83	\$ 2.02	\$ 86.96
3+ Individuals (Family)	\$ 82.21	\$ 35.23	\$ 2.70	\$ 117.44
Retirees with 10 – 14 yrs				
Individual	\$ 38.97	\$ 7.98	\$.65	\$ 46.95
2 Individuals	\$ 73.05	\$ 13.91	\$ 1.12	\$ 86.96
3+ Individuals (Family)	\$ 99.82	\$ 17.62	\$ 1.50	\$ 117.44

POST-65 MEDICARE ELIGIBLE¹ RETIREE GROUP HEALTH PLAN RATES

January 1, 2015 – December 31, 2015

¹ Medicare Eligible Disability Retirees

	Medicare Surround Plan (MSP) - medical, prescription drugs, vision				DENTAL PLAN ONLY			
	Retiree (monthly)	County (monthly)	Total (monthly)	5% Annual Cap	Retiree (monthly)	County (monthly)	Total (monthly)	5% Annual Cap
Retirees with 25+ yrs								
1 Medicare	\$ 34.45	\$ 301.85	\$ 336.30	\$ 13.59	\$ 4.25	\$ 38.29	\$ 42.54	\$ 2.15
2 Medicare	\$ 68.91	\$ 603.70	\$ 672.61	\$ 27.18	\$ 8.51	\$ 76.57	\$ 85.08	\$ 4.31
Retirees: 20 – 24 yrs								
1 Medicare	\$ 51.22	\$ 285.08	\$ 336.30	\$ 12.84	\$ 6.38	\$ 36.16	\$ 42.54	\$ 2.03
2 Medicare	\$ 102.45	\$ 570.16	\$ 672.61	\$ 25.67	\$ 12.76	\$ 72.32	\$ 85.08	\$ 4.07
Retirees with 15 – 19 yrs								
1 Medicare	\$ 228.98	\$ 107.32	\$ 336.30	\$ 4.83	\$ 28.93	\$ 13.61	\$ 42.54	\$.77
2 Medicare	\$ 457.96	\$ 214.65	\$ 672.61	\$ 9.66	\$ 57.85	\$ 27.23	\$ 85.08	\$ 1.53
Retirees with 10 – 14 yrs								
1 Medicare	\$ 289.35	\$ 46.95	\$ 336.30	\$ 2.11	\$ 36.58	\$ 5.96	\$ 42.54	\$.34
2 Medicare	\$ 578.70	\$ 93.91	\$ 672.61	\$ 4.23	\$ 73.17	\$ 11.91	\$ 85.08	\$.67

Eligibility for Group Retiree Health

- 1) **Retiree** – defined as individuals who retired from County of Loudoun employment & immediately begin receiving a retirement annuity from VRS. Individuals who resign from employment and delay receipt of retirement benefits from VRS are not considered retirees. Employee must be enrolled in the County of Loudoun or LCPS Group Health Plan at the time of retirement.
- 2) **Minimum of 15 years service**⁴ – ²Years of service are computed based on the number of full-time years of employment in a benefit eligible position with the County of Loudoun.
 - a) Part-time service in a benefit eligible position is pro-rated and converted to a full-time equivalent³.
 - b) Non-covered service with the County of Loudoun that is purchased through VRS as covered service will be applied toward total years of service.
 - c) Service with LCPS will be applied in accordance with (2) (a) (b).
 - d) Prior service as a state employee when the position provides a direct service relationship with Loudoun County and is housed within our agency.

Benefit Eligible Position – must include eligibility to participate in the County of Loudoun and/or LCPS Group Health Plan.
- 3) **Retiree & Dependents** – must be enrolled in the County of Loudoun and/or LCPS Group Health Plan at the time of the employee's retirement including the 12 months and 3 out of the last 5 years. Retirees are not eligible to add dependents after retirement unless they satisfy the dependent eligibility in (3)⁵ unless required by state / federal law. The spouse of a deceased retiree is eligible to retain coverage if covered at the time of the retiree's death.¹
- 4) **Disability Retirees** – Non-work related disability retirees are subject to the same years of service requirements as other retirees with regard to their eligibility and premium level. Disability retirees are required to enroll in Medicare Parts "A" and "B" at the time they become eligible and provide proof of enrollment within 45 days of their effective date in order to retain coverage under the County's plan.
- 5) **Medicare Enrollment Required** – Retirees / spouses who are eligible for Medicare Parts "A" & "B" must enroll for Medicare coverage and provide proof of enrollment within 45 days of their effective date in order to retain coverage under the County's plan.

³VRS conversion formula.

⁴ Minimum of 10 years of service for Group A eligible employees.

Plan Options

Pre-65 retirees:

- a) Point of Service (POS)
- b) Open Access Plus (OAP)
- c) Both options include Delta Dental, Davis Vision & Prescription Drugs (Express Scripts / formerly Medco)

Medicare eligible retirees: (including post-65 & disability retirees)

- a) Medicare Surround Plan & CIGNA Medicare RX
- b) Includes Delta Dental only

Re-enrollment rights⁵:

Retirees may waive coverage under the retiree health plan if coverage is available under another plan, and later opt back in at the same level of coverage in effect at the time of their retirement with proof of creditable coverage (requires continued coverage with no lapse in coverage). Retirees may not enroll in another MSP and simultaneously participate in the MSP for retirees with Loudoun County.

Retiree Cost

Percentage of monthly premium is based on the number of years of service.²

The "greater of" (not combined) years of service is used to determine premium level.

¹Premiums are determined by the level of coverage and the retiree's years of service.

Pre-65 Group—Health Plan Comparison

Group Medical Plans - Plan Year 2015

Description of Service	Point-of-Service		Open Access Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible¹	None	\$1,500/person \$4,500/family	\$250/person \$750/family	\$1,500/person \$4,500/family
Out-of-Pocket Maximum	\$4,000/person \$8,000/family	\$5,000/person \$15,000/family	\$4,000/person \$8,000/family	\$5,000/person \$15,000/family
Referrals Required	Yes	No	No	No
Physician Services ¹ after deductible				
Physician Office Visit	\$15 copay	20% ¹	\$15 copay	30% ¹
Convenience Care Clinic	\$20 copay	20% ¹	\$20 copay	30% ¹
Specialist Office Visit	\$35 copay	20% ¹	\$35 copay	30% ¹
Lab Work & X-Rays	Covered in Full	20% ¹	10% ¹	30% ¹
Allergy Exam & Shots	\$20 or \$35 copay	20% ¹	\$20 or \$35 copay	30% ¹
Preventive Care Benefits ¹ after deductible				
Physician Office Visit	Covered in Full	20% ¹	Covered in Full	30% ¹
Emergency Services ¹ after deductible				
Urgent Care Centers	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Emergency Room	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit
Hospital Inpatient & Outpatient ¹ after deductible				
Semi-Private Room	\$100 copay	\$200 copay then 20% ¹	\$100 copay, then 10% ¹	\$200 copay, then 30% ¹
Professional Services	Covered in Full	20% ¹	10% ¹	30% ¹
Outpatient Surgical Procedures (Facility)	\$50 copay	\$100 copay, then 20% ¹	\$50 copay, then 10% ¹	\$100 copay, then 30% ¹
Professional Fees	Covered in Full	20% ¹	10% ¹	30% ¹
Mental Health / Substance Abuse ¹ after deductible				
Inpatient Days	\$100 copay	\$200 copay, then 20% ¹	\$100 copay, then 10% ¹	\$200 copay, then 30% ¹
Outpatient Visits	\$35 copay	20% ¹	\$35 copay	30% ¹
Outpatient Intensive Visits	\$50 copay	20% after \$50 copay	\$50 copay	30% after \$50 copay

Pharmacy Benefits - Plan Year 2015

Express Scripts - Pharmacy Benefits – 30 day supply				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$7	20% (of maximum allowable charges)	\$7	30% (of maximum allowable charges)
Brand Name Formulary	\$28	20% (of maximum allowable charges)	\$25	30% (of maximum allowable charges)
Non-Formulary Brand	\$50	20% (of maximum allowable charges)	\$50	30% (of maximum allowable charges)

Dental Benefits - Plan Year 2015

Plan Benefit	In-Network		Out-of-network	General Plan Information
	PPO	Premier		
Annual Deductible	\$50	\$50	\$50	Limit of 3 per family per calendar year
Annual Benefit Maximum	\$1,250	\$1,250	\$1,250	Per enrollee, per calendar year.
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	Per enrollee, for subscriber and covered dependent
Description of Services				¹ after deductible
Diagnostic and Preventive Care/Prevention First – <i>Cleanings twice in a calendar year</i>	100%	100%	80%	Oral exams and cleanings, fluoride applications, bitewing x-rays, space maintainers, sealants *These services are exempt from the deductible and annual maximum)
Basic Dental Care ¹	80%	80%	60%	Fillings, stainless steel crown, oral surgery, denture repair and recementation of crowns, endodontic services, periodontic services
Major Dental Care ¹	80%	80%	50%	<i>Prosthodontics/dentures/bridges, crowns</i>
Orthodontic Benefits	50%	50%	50%	

Vision Benefits - Plan Year 2015

Description of Service	In-Network			Out-of-network
Examination - <i>Once per 12 months</i>	\$15 copay			Up to \$35 reimbursement
Lenses - <i>Once per 12 months</i>	Fashion \$0 copay	Designer \$15 copay	Premier \$40 copay	Up to \$25 Single Vision Up to \$40 Bifocals
Materials - <i>Once per 24 months</i>	\$110 wholesale allowance			Up to \$35 reimbursement
Contact Lenses - <i>Once per 12 months</i>	\$15 exam plus \$100 max allowance			Up to \$35 exam Up to \$95 lenses
Contact Lenses (Medically Necessary) - <i>Once per 12 months</i>	Covered in full after \$15 copay			Up to \$210


 Help

Contact Benefits:

Benefits Help Line: 703-777-0517

Fax: 571-258-3212

Email: benefits@loudoun.gov

www.loudoun.gov/retiree



All health plans are *not* the same. And what makes one better than another is how it accommodates *your* personal needs. So get the facts and make a smart decision - *for you*.

Update Your Contact Information

Make sure we have your up-to-date contact information. When you move or change your phone number please call us at 703.777.0517 or email benefits@loudoun.gov. Feel free to share your email address with us to get updated health plan information. Stay informed by visiting www.loudoun.gov/retiree for news updates as well.



Rev Up Your Day

You're exhausted and ready for a nap. But your to-do list isn't getting any shorter. Rather than reach for another cup of coffee, try boosting your energy with these tips.

1. **Get up, get moving.** No doubt it's the last thing you feel like doing when you're wiped out. But exercise can wake you up and improve your mood. Take a quick lap around your neighborhood to stretch your legs and boost your energy.
2. **Lighten up.** Need a pick-me up? Studies show that laughter may boost levels of endorphins, your body's feel-good hormones. Find something funny that makes you smile or laugh. And pass it on.
3. **Snack smart.** The energy rush you get from a sugary treat doesn't last long. Instead, opt for nutritious snacks that stick with you. Try low-fat yogurt topped with granola, baby carrots with hummus dip, peanut butter on whole-wheat pita chips or string cheese and grapes.
4. **Drink H₂O.** Even mild dehydration can make you feel tired. Challenge yourself to drink water with each meal and in between meals. And don't forget to quench your thirst when you exercise. The added bonus? You'll get your legs moving

with more frequent trips to the restroom.

5. **Unwind.** Stress steals your energy. Take time-out from the things that stress you out. Listen to music or do shoulder/neck rolls to relieve tension.

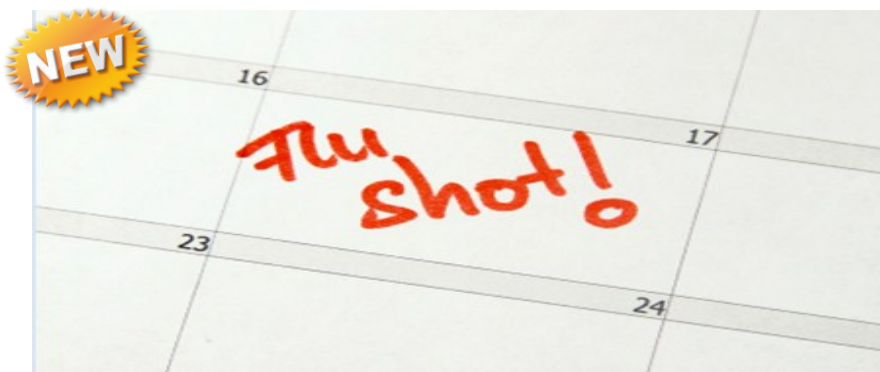
Tired of feeling tired?

Imagine waking up and actually feeling rested in the morning. You want to feel this way every day, right? Unfortunately, getting a good night's sleep is not always easy, especially if you have sleep problems that keep you tossing and turning all night. Talk with your doctor about safe and healthy ways to improve your sleep.

VitaMin - Vital health information in a minute



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Make it your business
to fight the flu!

Cigna Medical Vaccine
Program Directory

PHARMACIES



Cigna is pleased to announce that our customers may be able to receive the seasonal flu vaccine, as well as other select vaccines, at several retail pharmacy locations. These vaccines can be administered at the following pharmacies and will be billed through the Cigna medical benefit. Your medical benefit will determine if there is a cost to you or if these vaccines are available for zero dollars. Please present your Cigna medical ID card to the pharmacy.

- A&P
- Albertson's Pharmacy
- Bartell Drugs
- Bakers
- BI-LO Pharmacy
- Carrs
- City Markets
- Copps Food Center Pharmacy
- Costco Pharmacy
- Cub
- CVS/pharmacy
- Dillon Pharmacy
- Discount Drug Mart
- Drug Warehouse
- Duane Reade
- Farm Fresh
- Fred Meyer
- Fred's Express
- Fred's Pharmacy
- Frys
- Gerbes Pharmacy
- Giant Eagle
- Giant Pharmacy
- Hannaford Food & Drug
- Hannaford Supermarket & Pharmacy
- Harveys Supermarket Pharmacy
- Harris Teeter
- H-E-B Pharmacy
- Hen House
- Hy-Vee Pharmacy
- Ingles Pharmacy
- Jay C Food Stores
- King Soopers
- Klein's ShopRite Pharmacy
- Kmart Pharmacy
- Kroger
- Long's
- Marc's Pharmacy
- Mariano's Pharmacy
- Martins Pharmacy
- Mays
- MedX
- Meijer Pharmacy
- Metro Market Pharmacy
- Osco Drug
- Osco Pharmacy
- Owens
- Paradis Shop n Save
- Pathmark
- Pavilions
- Pay Less Pharmacy
- Pharmacy Express
- Pick 'N Save Pharmacy
- Price Chopper Pharmacy
- Publix
- QFC
- Ralphs
- Randalls
- Rite Aid
- Ritzman Pharmacy
- Safeway
- Sams Pharmacy
- Sav-On
- Scotts Pharmacy
- ShopKo Pharmacy
- Shop N Save
- Shoppers Pharmacy
- Smith's
- Stop and Shop Pharmacy
- Super D Drugs
- Super D Express
- Super Fresh
- Super G Pharmacy
- Target
- Thrifty White Pharmacy
- Tom Thumb
- USA Drug
- USA Drug Express
- Vons
- Waldbaum's
- Walgreens
- Wal-Mart
- Weis Pharmacy
- White Drug
- Winn-Dixie

Please contact one of the pharmacies listed above to verify that your vaccine is covered and available at that location.



Important Notice

From Loudoun County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Loudoun County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Important Points

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Loudoun County Government has determined that the prescription drug coverage offered by the Loudoun County Group Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan, your current Loudoun County Government coverage will end for you and all your covered dependents. Be aware that you and your dependents cannot get this coverage back. Although your medical, dental and vision coverages will remain the same, prescription drug coverage will no longer be available to you under the Loudoun County Group Health Plan. You may be entitled to a premium reduction if this occurs. Please contact us for more information.

If You Do NOT Join...

If you do not enroll in a Medicare drug plan, your prescription drug coverage under the Loudoun County Group Health Plan will continue.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Loudoun County Group Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage, contact: Loudoun County Government Department of Management & Financial Services, Benefits Office, 1 Harrison St. SE, 4th floor, MS 41-A, P.O. Box 7000, Leesburg, VA 20177-7000, or
Call the Loudoun County Government Benefits Help Line at (703) 777-0517.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Loudoun County Government changes. You also may request a copy of this notice at any time.

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 14, 2014
Loudoun County Government
Benefits Office
1 Harrison St. SE
4th Floor, MS: 41A
Leesburg, VA 20177-7000

Women's Health and Cancer Rights Act Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymph edema? Call the customer service number on your health plan insurance card.

Medicaid & the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states (including VA) have premium assistance programs that can help pay for coverage. For more information, you can contact VA Medicaid (800-432-5924) or CHIP office (866-873-2647), dial **1-877-KIDS - NOW** or go to **www.insurekidsnow.gov** to find out how to apply.

Notice of Privacy Practices for Protected Health Information

The HIPAA Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights. You may obtain a copy of the Loudoun County Government Notice of Privacy Policy & Procedures from the Benefits Office or go to www.loudoun.gov/retiree and download.



All legally required notices may be found on www.loudoun.gov/retiree.

You may be missing out on savings!

Did you know that CIGNA offers health and wellness discounts and savings through their Healthy Rewards ® program?

This programs offers discounts on:

- Hearing aids and exams
- Fitness clubs
- Weight and nutrition programs
- Smoking cessation
- Natural supplements and over-the counter essentials
- And much more!

Call 800-870-3470 for details.

